

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Developmental Disabilities  
INDIVIDUAL SUPPORT PLAN (ISP)  
**TEAM ASSESSMENT SUMMARY**

INDIVIDUAL'S NAME <i>(Last, First, M.I.)</i>	DATE
--	------

List key point of the team's discussion under each domain. If this is an ISP for a child under the age of 5, record present level of development, assessments used, and the family's concerns and recommendations. Use PAS and ICAP information, as appropriate, to fill out this page.

Use in conjunction with DD-217-2 **or** use DD-217-3 as an alternative to DD-217-1 and DD-217-2.

<b>STRENGTHS AND RESOURCES</b>	<b>NEEDS, CONCERNS AND RECOMMENDATIONS</b>
HEALTH AND PHYSICAL DEVELOPMENT <i>(Include fine and gross motor skills)</i>	HEALTH AND PHYSICAL DEVELOPMENT <i>(Include fine and gross motor skills)</i>
COGNITIVE DEVELOPMENT <i>(Problem solving and persons ability to learn and perform tasks)</i>	COGNITIVE DEVELOPMENT <i>(Problem solving and persons ability to learn and perform tasks)</i>
COMMUNICATIONS SKILLS <i>(Language and speech development)</i>	COMMUNICATIONS SKILLS <i>(Language and speech development)</i>
SOCIAL SKILLS	SOCIAL SKILLS
SELF-HELP SKILLS	SELF-HELP SKILLS

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disability Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1. • Este formulario es disponible en español.